Revision: HCFA-PM-85-14(BERC)

SEPTEMBER 1985

ATTACHMENT 4.18-A

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0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

A.	The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) or
	the Act:

Effective 1 October 1981 (no change as of 10/1/85)

Type Charge

Service	Deduct	Coins	Coins Copay Amount and Basis for Determined	
6a. Podiatrists			X	\$1 per office visit (POV)
6c. Chiropractors			X	\$1 POV
9. Mental Health Clinics			X	\$1 per clinic visit
10. Dental			X	\$2 POV
11a. Physical Therapy			X	\$1 POV
11b. Occupational Therapy			X	\$1 POV
11c. Services for Individuals with Speech, Hearing				
and Language Disorders			X	\$1 POV
12a. Prescribed Drugs			X	\$1 per prescription
12b. Dentures			X	\$3 denture
12c. Prosthetic Devices			X	\$3 per item
12d. Eyeglasses			X	\$3 per pair
14b. Services for Individuals Age 65 or Older in				
Institutions for Mental Diseases			X	One-half first day's per diem rate (PDR)
15. Intermediate Care Facility (ICF)			X	One-half first day's PDR
15a. ICF Services in Institutions for the Mentally				·
Retarded			X	One-half first day's PDR
17a. Transportation – Ambulance (ground)			X	\$3 one way
Ambulance (air)			X	\$3 one way
Medi-van			X	\$2 each way
Taxi			X	\$1 each way

TN#<u>86-5</u> Supersedes TN#<u>82-29</u>

APPROVAL DATE May 5 1986

EFFECTIVE DATE <u>7-1-85</u> HCFA ID: 0053C/0061E Revision: HCA-PM-85-14 (BERC)

SEPTEMBER 1985

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

A.	The following the Act:	charges are imposed on	the categorically	needy for services o	ther than those provided under section 1905(a)(1) through (5) and (7) of			
	Type Charge							
	Service	Deduct	Coins	Copay	Amount and Basis for Determination			
	Exceptions:							
	1.	Services furnished to	children under tl	ne age of 19.				
	2.	Services furnished to pregnant women if such services relate to the pregnancy.						
	3.	Services furnished to any individual who is an inpatient in a hospital, long-term care facility or other medical institution and who is required, as a condition of receiving services in the institution, to spend down for medical costs all but a minimal amount required for personal needs.						
	4. Services provided in a facility equipped to furnish the required care to meet a medical emergency.							
	5. Services and supplies furnished to individuals of child-bearing age as part of the family planning program.							
	6.	Services furnished by Medicaid program).	a health mainter	nance organization (HMO); (at such time as HMO services become a part of the Nevada			
# <u>86-</u>			APPROVAL D	ATE MAY 5 1986	EFFECTIVE DATE 7-1-85			

TN#<u>86-5</u> Supersedes TN#<u>82-29</u>

EFFECTIVE DATE <u>7-1-85</u> HCFA ID: 0053C/0061E Revision: HCFA-PM-85-1 4 (BERC) SEPTEMBER 1985 ATTACHMENT 4.18 A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

		State: NEVADA
В.	The me	thod used to collect cost sharing charges for the categorically needy individuals:
	\boxtimes	Providers are responsible for collecting the cost sharing charges from individuals.
		The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.
C.		sis for determining whether an individual is unable to pay the charge, and the means by which such vidual is identified to providers, is described below:
		ovider determines whether the recipient can pay by asking. However, certain groups of recipients mpt from copayment by Medicaid policy. These individuals are identified by notation on their

Medicaid certificate. The recipients include: those under the age of 19; pregnant women for those services related to pregnancy; institutionalized individuals; those receiving emergency services; those receiving family planning services; and those receiving services as part of an HMO program. Co-payment amounts

are deducted automatically from the computer-calculated Medicaid payments to the provider.

TN No. <u>86-5</u> Supersedes TN No. <u>76-24</u>

Approval Date <u>May 5, 1988</u>

Effective Date <u>7/1/85</u> HCFA ID: 0053C/0061E HCFA-PM-85-14 (BERC) ATTACHMENT 4.18-A

SEPTEMBER 1985

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		STATE PLAN U	NDER TITLE XIX OF	THE SOCIAL SEC	CURITY ACT		
		State:	NEVADA				
D.	The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:						
	Providers were informed by bulletin December 8, 1983, the recipient's Medicaid Certificate would show under the notes column the recipient was exempt from copayment. Through Medicaid's post-payment review system, three percent of the recipients whose services are paid each month are sent VOS forms which include a question about recipient payment for service. In addition, recipients are informed of their exempt status.						
E.	Cumulative maximums on charges:						
	\boxtimes	State policy does	s not provide for cumula	ative maximums.			
		Cumulative max	rimums have been establ	lished as described	helow:		